



RE: FY-12 105 Budget Submittal Information and Updated Totals: Grant No.A-00901311-4  
Fojas, Michelle@ARB

to:

Alba Espitia

05/15/2012 03:43 PM

Cc:

"Ford, Leslie@ARB", Gary Lance

Hide Details

From: "Fojas, Michelle@ARB" <mfojas@arb.ca.gov>

To: Alba Espitia/R9/USEPA/US@EPA

Cc: "Ford, Leslie@ARB" <lford@arb.ca.gov>, Gary Lance/R9/USEPA/US@EPA

*Revised Final 5/15/12*

1 Attachment



CARB's Revised FY12 Section 105 Application Budget.pdf

Hi Alba,

Please see attached updated 424 and 424A pages 1-2 for FY12 Section 105 Grant. Let us know if you have any questions.

Thanks.

Michelle

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**From:** Ford, Leslie@ARB  
**Sent:** Friday, May 11, 2012 9:16 AM  
**To:** Fojas, Michelle@ARB  
**Subject:** FW: FY-12 105 Budget Submittal Information and Updated Totals: Grant No.A-00901311-4

**From:** Gary Lance [<mailto:Lance.Gary@epamail.epa.gov>]

*#5*

**Application for Federal Assistance SF-424**

Version 02

<b>*1. Type of Submission</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>*2. Type of Application</b> <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision		<b>*If Revision, select appropriate letter(s):</b>  * Other (Specify)	
<b>*3. Date Received:</b>		<b>4. Application Identifier:</b> R9 Tracking Number 11-404			
<b>5a. Federal Entity Identifier:</b>			<b>*5b. Federal Award Identifier:</b>		
<b>State Use Only:</b>					
<b>6. Date Received by State:</b>			<b>7. State Application Identifier:</b>		
<b>8. APPLICANT INFORMATION:</b>					
<b>* a. Legal Name:</b> California Air Resources Board					
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 68-0288069			<b>*c. Organizational DUNS:</b> 195930276		
<b>d. Address:</b>					
*Street1: 1001 I Street Street 2: P.O. Box 1436 *City: Sacramento County: Sacramento *State: CA Province: Country: USA *Zip/ Postal Code: 95814					
<b>e. Organizational Unit:</b>					
Department Name: California Air Resources Board			Division Name: Administrative Services Division		
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>					
Prefix: Ms. Middle Name: *Last Name: Ford Suffix: Title: Manager, Grants & Revenues Section Organizational Affiliation:					
*Telephone Number: (916)322-8202			Fax Number: (916)322-9612		
*Email: lford@arb.ca.gov					

# Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\*a. Applicant CD-005

\*b. Program/Project: CA-all

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

\*a. Start Date: 10/01/11

\*b. End Date: 09/30/12

18. Estimated Funding (\$):

\*a. Federal \$6,571,557.00

\*b. Applicant \$20,515,500.00

\*c. State

\*d. Local

\*e. Other

\*f. Program Income

\*g. TOTAL \$27,087,057.00

\*19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☐ a. This application was made available to the State under the Executive Order 12372 Process for review on
- ☒ b. Program is subject to E.O. 12372 but has not been selected by the State for review:
- ☐ c. Program is not covered by E.O. 12372

\*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ \*\*I AGREE

\*The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Ms.

\*First Name: Cathy

Middle Name:

\*Last Name: Chapin

Suffix:

\*Title: Chief, Financial Operations Branch

\*Telephone Number: (916)322-8200

Fax Number: (916)322-9612

\*Email: cchapin@arb.ca.gov

\*Signature of Authorized Representative:

Date Signed: 5/15/12

*Cathy Chapin*  
Sig dc to sig for Alice Sellers



**BUDGET INFORMATION - Non-Construction Programs**

<b>SECTION A - BUDGET SUMMARY</b>						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Air-105	66.001	\$	\$	\$ 6,571,557.00	\$ 20,515,500.00	\$ 27,087,057.00
2.						
3.						
4.						
5. Totals		\$	\$	\$ 6,571,557.00	\$ 20,515,500.00	\$ 27,087,057.00
<b>SECTION B - BUDGET CATEGORIES</b>						
6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)	
	(1) Base Grant	(2) PAMS	(3) Border	(4) In-Kind		
a. Personnel	16,813,933.00				16,813,933.00	
b. Fringe Benefits	6,389,166.00				6,389,166.00	
c. Travel	309,559.00				309,559.00	
d. Equipment	0.00	8,000.00			8,000.00	
e. Supplies	358,104.00	1,503.00	50,000.00		409,607.00	
f. Contractual	0.00		125,000.00	1,452,400.00	1,577,400.00	
g. Construction	0.00				0.00	
h. Other	1,219,696.00				1,219,696.00	
i. Total Direct Charges (sum of 6a-6h)	25,090,458.00	9,503.00	175,000.00	1,452,400.00	26,727,361.00	
j. Indirect Charges	359,696.00				359,696.00	
k. TOTALS (sum of 6i and 6j)	\$ 25,450,154.00	\$ 9,503.00	\$ 175,000.00	\$ 1,452,400.00	\$ 27,087,057.00	
7. Program Income	\$	\$	\$	\$	\$	

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Standard Form 424A (Rev 4-2012)  
Prescribed by OMB Circular A-102

**AIR RESOURCES BOARD  
2012 SECTION 105 GRANT DETAIL**

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		<u><b>TOTAL</b></u>
<b>PERSONNEL</b>		
Base - Salaries	16,813,933	
Fringe Benefits	<u>6,389,166</u>	23,203,099
<b>TRAVEL</b>		
Per Diem	111,441	
Airfare	74,294	
Other (car rental, mileage, tolls, parking)	<u>123,824</u>	309,559
<b>EQUIPMENT</b>		
PAMS*	8,000	8,000
<b>SUPPLIES</b>		
Charges to this item include laboratory supplies, gases, freight, maintenance, replacement parts and repairs for lab equipment, and other expenses that relate to the laboratory operation.	358,104	
PAMS*	1,503	
Mexico Border Monitoring*	<u>50,000</u>	409,607
<b>CONTRACTS</b>		
Cap-and-Trade Program (In-kind)*	877,400	
Mandatory GHG Reporting Program (In-kind)*	575,000	
Mexico Border Monitoring and Coordination*	<u>125,000</u>	1,577,400
<b>OTHER</b>		
Facilities (office space, janitorial)	559,752	
General Expense (office supplies, printing)	519,003	
Communications (phone, postage)	133,073	
Training (tuition, films, publications)	<u>7,868</u>	1,219,696
<b>INDIRECT COSTS</b>		<u>359,696</u>
<b>TOTAL GRANT</b>		<u><u><b>27,087,057</b></u></u>

\* 100% Federal Funds

This grant does not include non-recurring non federal expenditures



# Application for Federal Assistance SF-424

Version 02

<b>*1. Type of Submission</b>		<b>*2. Type of Application</b>		<b>*If Revision, select appropriate letter(s):</b>	
<input type="checkbox"/> Preapplication		<input type="checkbox"/> New			
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation		<b>* Other (Specify)</b>	
<input type="checkbox"/> Changed/Corrected Application		<input checked="" type="checkbox"/> Revision			
<b>*3. Date Received:</b>		<b>4. Application Identifier:</b> R9 Tracking Number 10-461			
<b>5a. Federal Entity Identifier:</b>			<b>*5b. Federal Award Identifier:</b>		
<b>State Use Only:</b>					
<b>6. Date Received by State:</b>			<b>7. State Application Identifier:</b>		
<b>8. APPLICANT INFORMATION:</b>					
<b>* a. Legal Name:</b> California Air Resources Board					
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 68-0288069			<b>*c. Organizational DUNS:</b> 195930276		
<b>d. Address:</b>					
*Street1: 1001 I Street Street 2: P.O. Box 1436 *City: Sacramento County: Sacramento *State: CA Province: Country: USA					
*Zip/ Postal Code: 95814					
<b>e. Organizational Unit:</b>					
Department Name: California Air Resources Board			Division Name: Administrative Services Division		
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>					
Prefix: Ms. Middle Name: *Last Name: Ford Suffix: Title: Manager, Grants & Revenues Section Organizational Affiliation:					
First Name: Leslie					
*Telephone Number: (916)322-8202					
Fax Number: (916)322-9612					
*Email: lford@arb.ca.gov					

Rev. Budget  
recvd 8/2/11

# Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\*a. Applicant CD-005

\*b. Program/Project: CA-all

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

\*a. Start Date: 10/01/10

\*b. End Date: 09/30/12

18. Estimated Funding (\$):

\*a. Federal \$6,996,876.00

\*b. Applicant \$20,515,500.00

\*c. State

\*d. Local

\*e. Other

\*f. Program Income

\*g. TOTAL \$27,512,376.00

reduced amount.  
Final # 8/12/11

\*19. Is Application Subject to Review By State Under Executive Order 12372 Process?

☐ a. This application was made available to the State under the Executive Order 12372 Process for review on

☒ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☐ c. Program is not covered by E.O. 12372

\*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ \*\*I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Ms.

\*First Name: Cathy

Middle Name:

\*Last Name: Chapin

Suffix:

\*Title: Chief, Financial Operations Branch

\*Telephone Number: (916)322-8200

Fax Number: (916)322-9612

\*Email: cchapin@arb.ca.gov

\*Signature of Authorized Representative

Date Signed: 8/1/11

Authorized to sig for Alice Sedbins.



RE: Authorized Official for ARB change???  
Ford, Leslie@ARB  
to:  
Alba Espitia  
08/12/2011 08:02 AM  
Hide Details  
From: "Ford, Leslie@ARB" <lford@arb.ca.gov>  
  
To: Alba Espitia/R9/USEPA/US@EPA

Hi Alba,

Yes our new Chief of Admin is Alice Stebbins; however Cathy Chapin, Chief of Financial Operations is the delegated person to sign all of our federal grants.

**From:** Espitia.Alba@epamail.epa.gov [mailto:Espitia.Alba@epamail.epa.gov]  
**Sent:** Thursday, August 11, 2011 6:21 PM  
**To:** Ford, Leslie@ARB  
**Subject:** Authorized Official for ARB change???

Hi Leslie,

I just want to confirm....is Alice Stebbins the new Chief of Admin Services Div? that replaced Marie Stephans?

I'm working on the state DERA grant and just noticed that the application was signed by Alice instead of Marie, I just want to make sure so that I change the name on the awards.

Thanks

Alba Espitia  
Grants Specialist  
EPA Region 9  
75 Hawthorne Street, MTS-7  
San Francisco, CA 94105  
415-972-3667



**BUDGET INFORMATION - Non-Construction Programs**

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Air-105	66.001	\$	\$	\$ 6,996,876.00	\$ 20,515,500.00	\$ 27,512,376.00
2.						
3.						
4.						
5. Totals		\$	\$	\$6,996,876.00	\$20,515,500.00	\$27,512,376.00
SECTION B - BUDGET CATEGORIES						
6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)	
	(1) Base Grant	(2) PAMS	(3) Border	(4) In-kind		
a. Personnel	17,774,389.00				17,774,389.00	
b. Fringe Benefits	6,306,297.00				6,306,297.00	
c. Travel	236,881.00	1,000.00	35,000.00		272,881.00	
d. Equipment	0.00	2,000.00	15,000.00		17,000.00	
e. Supplies	246,393.00	6,503.00	120,000.00		372,896.00	
f. Contractual	0.00		80,000.00	1,000,000.00	1,080,000.00	
g. Construction	0.00				0.00	
h. Other	1,477,160.00				1,477,160.00	
i. Total Direct Charges (sum of 6a-6h)	26,041,120.00	9,503.00	250,000.00	1,000,000.00	27,300,623.00	
j. Indirect Charges	211,753.00				211,753.00	
k. TOTALS (sum of 6i and 6j)	\$ 26,252,873.00	\$ 9,503.00	\$ 250,000.00	\$ 1,000,000.00	\$ 27,512,376.00	
7. Program Income	\$	\$	\$	\$	\$	

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Standard Form 424A (Rev 4-2012)  
Prescribed by OMB Circular A-102

**AIR RESOURCES BOARD  
2011 SECTION 105 GRANT DETAIL**

		<u><b>TOTAL</b></u>
<b>PERSONNEL</b>		
Base - Salaries	17,774,389	
Fringe Benefits	<u>6,306,297</u>	24,080,686
<b>TRAVEL</b>		
Per Diem	85,277	
Airfare	56,851	
Other (car rental, mileage, tolls, parking)	94,752	
PAMS*	1,000	
Mexico Border Monitoring and Coordination*	<u>35,000</u>	272,881
Includes the trips to air monitoring stations, collect air samples, participate conferences and meetings		
<b>EQUIPMENT</b>		
PAMS*	2,000	
Mexico Border Monitoring* (field and laboratory)	<u>15,000</u>	17,000
<b>SUPPLIES</b>		
Charges to this item include laboratory supplies, gases, freight, maintenance, replacement parts and repairs for lab equipment, and other expenses that relate to the laboratory operation.	246,393	
PAMS*	6,503	
Mexico Border Monitoring*	<u>120,000</u>	372,896
<b>CONTRACTS</b>		
Cap-and-Trade Program (In-kind)*	750,000	
Mandatory GHG Reporting Program (In-kind)*	250,000	
Mexico Border Monitoring and Coordination*	<u>80,000</u>	1,080,000
<b>OTHER</b>		
Facilities (office space, janitorial)	905,475	
General Expense (office supplies, printing)	382,711	
Communications (phone, postage)	178,435	
Training (tuition, films, publications)	<u>10,539</u>	1,477,160
<b>INDIRECT COSTS</b>		
	<u>211,753</u>	<u>211,753</u>
<b>TOTAL GRANT</b>		
		<u><u><b>27,512,376</b></u></u>

\* 100% Federal Funds  
This grant does not include non-recurring non federal expenditures

**To:** Fojas, Michelle@ARB  
**Subject:** FW: CARB FY-11 105 Award

**From:** Gary Lance [mailto:Lance.Gary@epamail.epa.gov]  
**Sent:** Tuesday, July 19, 2011 4:28 PM  
**To:** Ford, Leslie@ARB  
**Subject:** CARB FY-11 105 Award

Hi Leslie: Please submit revised SF-424 Sections A and B budget pages for your FY-11 105 award which is summarized below:

Award Summary:

First Award:	\$3,487,104
Second Award:	\$1,000,000 (In-Kind)
Final Award:	\$2,509,772
Total Award:	\$6,996,876

PAMS Amount: \$9503  
CAPCOA contribution: \$143,533  
Mexican Border: \$250,000

Thanks Leslie. Hope all is well with you.

Gary

Gary Lance  
Grants & Program Integration Office  
Mail Code: Air-8  
U.S. Environmental Protection Agency  
75 Hawthorne Street  
San Francisco, California 94105  
Email: lance.gary@epa.gov  
Phone: 415-972-3992  
Fax: 415-947-3579